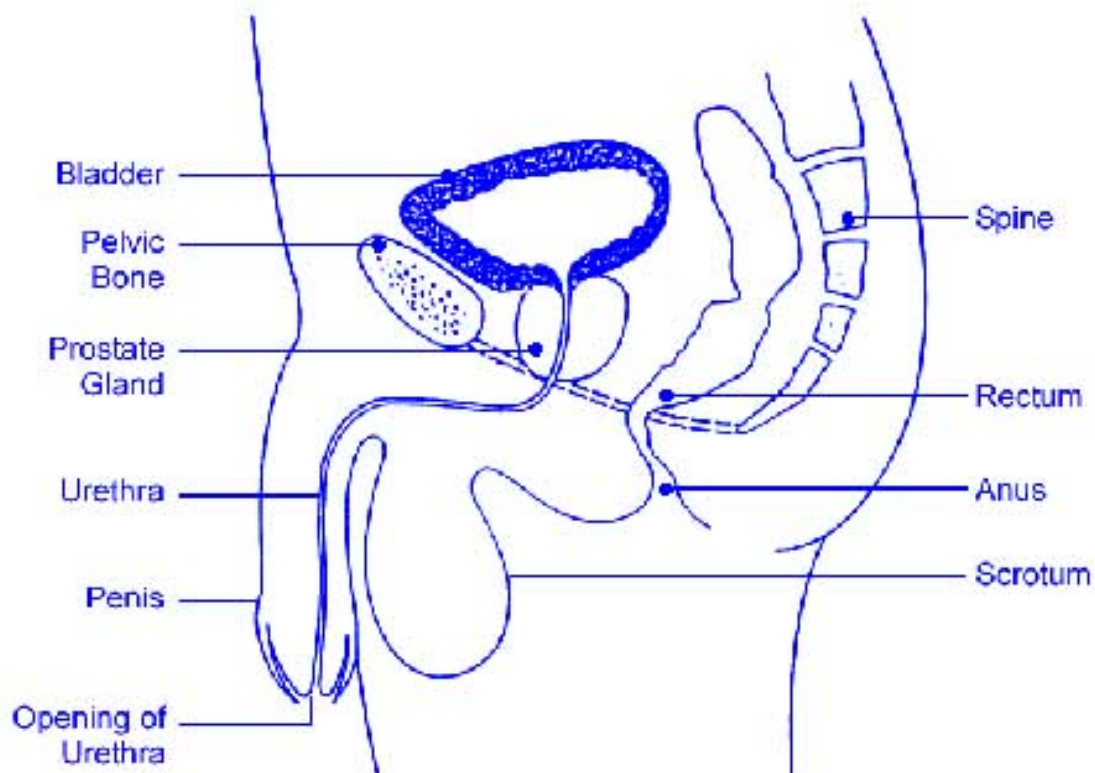


# **Patients Guide to Radical Perineal Prostatectomy**

Mr G B Boustead

## POSITION OF THE ORGANS

### The Prostate Gland



The prostate gland is a small gland found only in men, which lies just beneath the bladder. It surrounds the first part of the tube (urethra), which carries urine from the bladder down the penis. Its principal role is to produce a thick white fluid, which mixes with the sperm. Over the age of 40, enlargement of the prostate gland may cause difficulties, including poor urinary stream, getting up at night, urgency and frequency. This enlargement is often benign (non-cancerous) but about 13,000 men in the UK develop prostate cancer each year.

Total/radical prostatectomy is a common treatment in the UK for cancer confined to the prostate gland, in a man with an otherwise normal life expectancy. The aim of your operation is total cure.

## **THE DAY BEFORE YOUR OPERATION**

You will have been instructed on pelvic floor exercises to help you regain bladder control after your operation (see section 'At Home'). You should have practised these before surgery to identify the muscle groups used, as initially you may find this difficult after your operation.

On the day before your surgery you should only have a light diet.

The operation is made easier and recovery better if your bowel is cleared. You may be given sachets of a strong laxative, which will give you diarrhoea.

You may also have an enema in the evening before surgery to clear the rectum.

No food is allowed after your bowel preparation. Depending on the type of laxative you are given, you may only be able to drink clear fluids until instructed to be "nil by mouth".

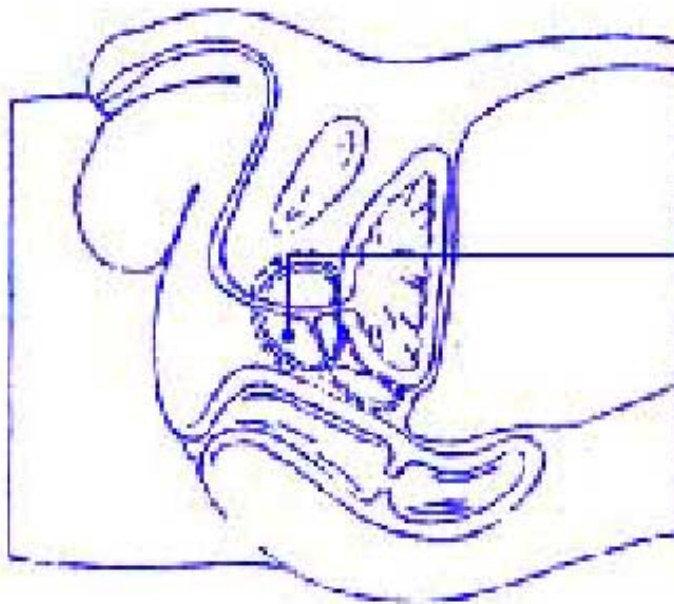
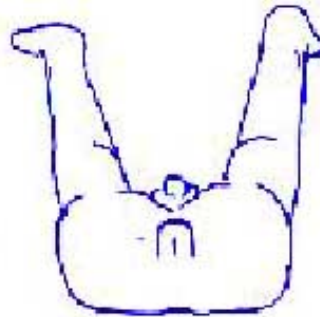
The anaesthetist will discuss your anaesthetic and pain relief.

You will be given a pair of special stockings to help your circulation post-operatively, which you will need to put on before your operation.

The doctors and nurses will be available to answer any questions you may have.

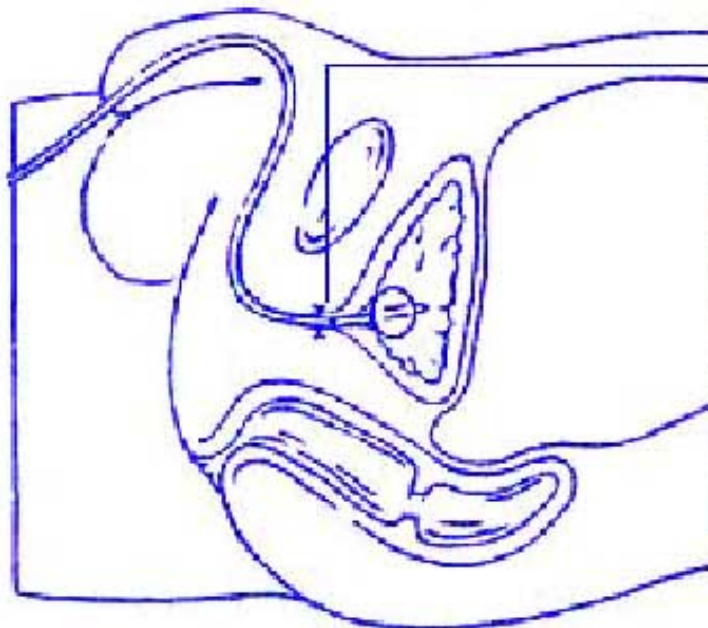
## YOUR OPERATION - Radical Perineal Prostatectomy

**Incision Site**



**Cancer in the Prostate**

The entire prostate and seminal vesicles are removed



**Stitches Joining Urethra to Bladder**

The urethra is rejoined to the bladder and a catheter inserted for 2-3 weeks

You will be taken down to the operating theatre anaesthetic room where your anaesthetic will be given.

The prostate has a rich blood supply and very occasionally you may need a blood transfusion (1-2% of patients).

Lymph glands that drain the prostate may be affected by the cancer and may be removed just before removal of the prostate through a small incision in the lower abdomen. Your Consultant will discuss this with you prior to your operation.

The seminal vesicles (where the sperm is stored) are also removed with the prostate gland. The neck of the bladder is then repaired and stitched to the urethra.

The cut used for this operation is "U" shaped in the area between the scrotum and the anus.

## **AFTER YOUR OPERATION**

You will wake up with a urethral catheter in place. This is a soft rubber or plastic tube which goes up the "pipe" in your penis (urethra) through to your bladder. This will drain your urine into a bag, and is necessary for the internal wound to heal. The catheter is the last tube to be removed, usually about 10-14 days after your operation. You will go home with it in position and be instructed on how to care for the catheter and draining equipment before you leave the ward.

One plastic tube (drain) will be present in the area between your scrotum and your anus to drain the blood. The drain is normally removed after 24- 48 hours.

You may have a needle attached to a plastic tube and bag of fluid in your arm to prevent you becoming dehydrated. Once you are tolerating fluids, this will be removed.

You may also have a plastic tube in one of your big neck veins (CVP line), to assess if your body is dehydrated or not. This will usually be removed within 1-2 days.

You can usually eat and drink the night after your operation if you feel hungry. You may feel nauseous due to the anaesthetic drugs and painkillers in which case you can start eating the next day.

You may occasionally have a small needle in your lower back called an epidural catheter for a short while after your operation or more often a 'spinal block' injection will be given to you whilst you are asleep. These are used for pain relief and will make your legs feel numb. It is important that you report any discomfort you feel. Tablets will then be used to control any pain.

You will continue to wear the special stockings until you go home. You will be encouraged to mobilise to prevent problems, such as blood clots and chest infection.

You will be ready to go home usually 2-3 days after surgery. You go home with your catheter in place and come back for removal 10-14 days later.

## **AT HOME**

You will go home with the catheter still in your bladder; your Consultant will decide when to remove it, normally 2 weeks after your operation. An X-ray (cystogram) to confirm the internal wound has healed may be performed before the catheter is removed. While the catheter is in place, spasmodic contractions of the bladder muscle may occur, this may cause some discomfort and leakage of urine around the catheter tube. It is advisable to avoid fizzy drinks and drinks that containing caffeine and alcohol. Tablets may be used if the spasms are particularly troublesome. Please read “important points” at the end of this booklet.

### **Regaining Bladder Control**

Once you have had the catheter removed it may take a while for your bladder function to return to normal. You may experience incontinence of urine on physical exertion and the need to pass urine urgently and frequently. This will gradually improve and specialist advice will be given by the Clinical Nurse Specialist. Sometimes scar tissue at the site of the internal wound can cause a ‘narrowing’ (stricture) and lead to problems emptying your bladder properly. Please read “important points”, point 7, at the end of this booklet.

Practical steps to help you regain control include: -

- 1. Pelvic Floor Exercises**
- 2. Bladder Retraining**

## 1. Pelvic Floor Exercises

### *Learning how to exercise the pelvic floor muscle*

1. Get into a comfortable position. Sit, stand or lie down. Without tensing the muscles of your tummy, legs or buttocks, tighten the ring of muscle around the back passage. You may find it easier to imagine that you are trying to stop yourself passing wind from the bowel. Lift and squeeze the muscle as if you really do have wind. You should be able to feel the muscle move; check this by placing your fingers over the bone at the front of your pelvis (pubic bone) and feel it rise.
2. Now imagine that you are standing by the toilet passing urine. Imagine that you are trying to stop the flow of urine in mid-stream. You should feel the same group of muscles working.
3. Next time you go to the toilet to pass urine, try the “stop test” about half way though emptying your bladder. Once you have stopped the flow of urine, relax again and allow your bladder to empty completely. You may only have slowed down the flow of urine, but you will soon gain more control the longer you practice the exercises. Use the ‘stop test’ only to identify the correct muscle group as long term it may interfere with your bladder emptying.

### *Practice Brings Results*

It may take some time before you notice any difference – usually several weeks. You need to exercise your muscles for several months before they gain their full strength. Practice these exercises as often as you can **BEFORE** the operation, **NOT** with the catheter in position and again **AFTER** the catheter is removed.

1. Stand, sit or lie with your knees slightly apart. Slowly tighten and pull the pelvic floor muscles as hard as you can. Hold for at least five seconds if you can, then relax. Repeat 5 times (slow pull-ups).
2. Now pull the muscles up quickly and tightly, and then relax immediately. Repeat at least five times (fast pull-ups).
3. Do five slow and five fast exercises 10 times every day making a total of fifty of each.  
As the muscles get stronger, try and hold for longer than five seconds.

## **2. Bladder Retraining**

Stretching your bladder will help to control leakage. You can stretch your bladder by holding on for as long as possible before passing water. Although this may seem difficult at first, each time you succeed in holding on for longer will make it easier the next time. Keep at it and you will succeed.

To bring your bladder back where it belongs – **under your control:**

1. Over the next two or three days, keep a diary or record of how often you pass urine or get wet.
2. Now take a look at the pattern. For example, if you pass urine every 1½ hours, try to wait to at least 2 hours before you go again. If you go nine times a day, aim for eight the next day.
3. When you feel the urge to go, wait one minute, then five, then ten minutes.
4. Exercising your pelvic floor will also help you “hang on”.

Eventually you will pass urine every 3 to 5 hours (5 to 7 times each day) and be able to wait until it is convenient for you. It may take weeks or several months to control urgency (rushing to pass urine) and frequency (going very often). It is not always that easy and you must be prepared to persevere and not give up.

Keep your daily fluid intake up to normal (6-8 mugs daily).

### ***Fluids***

While you have your catheter in position, it is important that you drink more than usual (approximate total 2-3 litres per day). You may find that drinks that contain caffeine (tea, coffee, Coca-Cola, hot chocolate), as well as fizzy drinks and alcohol, will aggravate the bladder and are best avoided (although the occasional glass of wine or beer will do no harm). Cranberry juice may help reduce the risk of urine infections. Once the catheter has been removed the recommended daily fluid intake is 6-8 mugs (1½ litres).

### ***Bowel Function***

During the first few weeks after your operation your bowel function may alter. It is important that you do not become constipated, especially while the catheter is inserted. You may be discharged home with a stool softener and bowel stimulant to help you have your bowels open regularly.

Enemas or suppositories must not be used during the first two weeks after the operation.

### ***Diet***

You may resume your regular diet. If you are prone to constipation, eat plenty of fresh fruit and vegetables.

### ***Bathing/Showering***

It is quite safe to get your wound wet a few days after your operation and to bath/shower with the catheter in place. Do not use any scented soap, creams or talc around the wound or catheter.

### ***Wound Care***

The District Nurse may visit you to check your wound site. The staples/stitches are removed about 7 - 10 days after the operation. The District Nurse or Practise Nurse will be asked to remove them if they have not already been removed on the ward. Pain around the wound site is common for several weeks and will subside in time. Painkillers may be taken as prescribed.

### ***Physical Exercise***

Convalescence is usually about three months. During this time it is not advisable to do any heavy lifting, pushing or straining during this time. Walking is recommended. Listen to your body and rest when you are tired.

### ***Driving***

You should wait for the advice of your consultant before driving, usually around 4-6 weeks. You must be confident in performing an emergency stop before resuming driving. It is advisable to check with your insurance company regarding cover after an operation.

### ***Sexual Relationships***

It is likely that you will be impotent (unable to have an erection) after your operation. Sometimes a surgical technique called "nerve sparing" is performed. In this case spontaneous erections may then return over the next year. In either case, impotence can be overcome using a tablet, injection or vacuum pump. Your consultant and nurse specialist will discuss these further with you.

You should then be able to continue your sex life, although sensation of orgasm may be altered as you will no longer ejaculate resulting in infertility.

### ***Returning To Work***

You will need to get a signed doctor's certificate, to cover your time away from work. Your Consultant will tell you when you can return. It is usually between six weeks and three months, depending on your job.

### ***Follow-Up Appointments***

A date to see your Consultant will either be given to you in hospital or sent through the post. At your follow-up visit, your Consultant will discuss your pathology results and whether any further treatment may be required. You will have a PSA blood test arranged at your first follow-up appointment.

### **IMPORTANT POINTS**

#### **CALL THE HOSPITAL IF:**

- (1) **The catheter falls out**, do not let anybody, **except your Consultant or his team**, attempt re-catheterisation
- (2) Poor or no drainage of urine from the catheter
- (3) Increased drainage/discharge, redness or swelling of wound
- (4) You experience chills/fever/shivers
- (5) You experience foul, smelly, cloudy urine or there is increased blood in urine
- (6) You experience problems with constipation.
- (7) After the catheter is removed if you experience any difficulty emptying your bladder and/or you notice your urine flow rate getting slower.

*WHERE HELP IS AVAILABLE: -*

Consultant Urological Surgeon

Mr G.B. Boustead

Pinehill Hospital

01462 422822 request wards and speak to a nurse.

Lister Hospital

Uro-Oncology Nurse Specialists - 01438 781521

Helen Stoker

Anne Bradley

Linda Fowler

Urology Nurse Practitioner – 01438 781780

District Nurse

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General Practitioner

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